

Control Number: 49779



Item Number: 570

Addendum StartPage: 0



# **ELECTRICITY BROKER REGISTRATION FORM**

### **PROJECT NO. 49779**

1. Check the most appropriate box to describe this submission:					
This is a new broker registration					
☐ This supplies information for a pending broker registration					
☐ This amends an existing, completed broker registration					
Provide an explanation of the amendment:					
2 Authorized Representative or Attorney to contact about this application:					
Name Juan Genzales Title OWNER - Sole MER					
Business Address 550 eL CAMPO AVE APT R					
City tout would State to Zip 76/07					
Telephone Number 817. 777. 6481					
Email Address TGONZALES OF TAMENERGY Solutions LEC. Com					
3. Registering Entity: I ist the registering entity's legal name, business address, and telephone number					
Name I AM ENERGY SOLUTIONS UC					
Business address 5513 el Campo Aux APT B					
City Tout work State Tx Zip 76107					
Telephone Number 817, 773-6491					
4. Type of organization of registering entity:					
☐ Sole proprietor ☐ Other					
☐ Corporation ☐ Limited Liability Company, L.L.C					
☐ Limited Partnership					



5. Description of the brokerage services provided by the registering entity and type of customers served							
Description of Services	<b>S:</b>						
Types of Customers: C  E Residential Commercial	Check all that apply  Industrial  Municipalities	□ Other					
listed in #3 above, undefinitends to operate must							
1721,51	on Energy	2 <sup>nd</sup>					
3rd	4th	5 <sup>th</sup>					
the registering entity's	<b>Attachment A.</b> the names, but officers, directors, and partners.	smess addresses, email addresses, and phone numbers of as applicable					
☐ Attachment A							
8. Customer Service Contact. I ist the telephone number and email address of the customer service department. If the registering entity does not baye a dedicated customer service department, then of ovide the name, title, address, email address, and telephone number of the customer service contect person.							
Customer Service Department	Telephone Number	Email Address Sul2s on tameners y solutions Was					
Nama	restes	Title Owner Sole MBR					
Business address 551) ec Canpo Are Apt B							
Cityout worth	State Ty	Zip 76107					
Telephone Number	817-173 -6491						
Email Address 54	les of Famenengys	solutions LLC. com					
9. Regulatory contact for a regulatory contact		if business address, telephone number, and email address					
Name JUAN GO.	Makes	Title Owner Soli MBA					
Business address 5	SID al-	Ant R					
	- CAMPO THE						
City tout worth	Menter SIT at Compo Alle State To	Zip 76/07					
City Lost Work	State T- (491	Zip 76107					

0. Secretary of State Record. I mittes who must register with the Secretary of State must provide a cop-	s of the
ert, leate of status issued by the Texas Secretary of State certifying that the registering entity is author	ized te
ansact business in Texas	

TI Copy of Secretary of State certificate of status is attached.

Date of this notice: 09-19-2014

Employer Identification Number:

47-1880379

Form: SS-4

Number of this notice: CP 575 G

I AM ENERGY SOLUTIONS LLC JUAN M GONZALES SOLE MBR 5121 TIMBER TRAIL DR FLOWER MOUND, TX 75028

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-1880379. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is IAME. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

006352.404425.0020.001 1 MB 0.360 532

JUAN M GONZALES TRI-STAR ENERGY

2112 NORFOLK DR ARLINGTON TX 76015

006352

Date of this notice: 01-03-2008

Employer Identification Number: 06-1832060

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 06-1832060. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 or Form 1024, Application for Recognition of Exemption and send to:

Internal Revenue Service PO Box 192 Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records.
- \* Use this EIN and your name exactly as they appear above on all your federal tax forms.
- \* Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.

## **AFFIDAVIT**

My name is Juby Guizalis I	am the OWNER	of the Regis	of the Registering Entity.		
I swear or affirm that I have personal competent to testify to them, and that I registering entity. I further swear or correct and complete and that any substitute Commission of Texas in a time and will comply with all requirement provisions, disclosure requirements, and	I have the authority affirm that all state stantial changes in ly manner. I swear to of the applicable	to submit this application to submit this application continues the register of affirm that the register law and rules, include	on form on beha- gistration Form a e provided to the tering entity unde ing customer pro-	If of the are true Public erstand	
w ===	2				
	Signature of Regist	ering Entity's Owner, Par	tner, or Officer	_	
	Drinted Name	10Mz/ac			
	I AM E  Name of Registerin	NORGY SOLK	tions U	<u>C</u>	
Sworn and		me this <u>2151</u> day of _	11. 15.	2011	
14444	,		Month	Year	
KATIE GOFF	$T_{\mathcal{I}} = \mathcal{I}$	HK.			
Notary ID #131285081 My Commiss on Expires September 18, 2021		d For the State of $\frac{T_c}{T_c}$ pires on $\frac{D^2}{T_c} = \frac{18}{18} = \frac{2}{18}$		<del>_</del> :	